

State of New Jersey Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION WC-170 (r-4-06)	ANSWERING STATEMENT TO MOTION FOR TEMPORARY AND/OR MEDICAL BENEFITS (N.J.A.C. 12:235-3.2)	CASE NO'S.: VICINAGE:
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PETITIONER	SOCIAL SECURITY NUMBER:	ATTORNEY FOR RESPONDENT	<input type="checkbox"/> SSN <input type="checkbox"/> FEDERAL EMPLOYER NUMBER <input type="checkbox"/> NJ REG NUMBER
	NAME:		NAME:
	COUNTY OF RESIDENCE: ADDRESS:		ADDRESS: TELEPHONE NUMBER (AREA CODE):
vs			
RESPONDENT	NAME:	INSURANCE CARRIER	NAME <input type="checkbox"/> SELF-INSURED <input type="checkbox"/> NOT-COVERED
	COUNTY:		CLAIM NUMBER;
	ADDRESS:		ADDRESS:

RESPONDENT: In answer to Petitioner's Notice of Motion for Temporary and Medical Benefits, respectfully states:

☐ **That Petitioner is not entitled to Temporary Disability Benefits.** *(State medical, factual and legal reasons):*

☐ **That Petitioner is only entitled to Temporary Disability Benefits for the following period:**

_____ to _____ or _____ Weeks at \$ _____ Per week ☐ Paid ☐ Unpaid
(State medical, factual and legal reasons):

☐ **That Petitioner is not entitled to the medical treatment requested.** *(State medical, factual and legal reasons and attach pertinent reports, affidavits or certification):*

Dated: _____

Attorney for Respondent